

Reference Number: 533-02-DD

Title of Document: Sexual Assault Prevention, and Incident Procedure Follow-up

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Applicability: Regional Centers; DSN Boards; and Contracted Providers Operating Residential Programs

DEFINITION:

Sexual assault is defined as any sexual interaction that is perpetrated 1) against the victim's will; 2) without consent; and 3) in an aggressive, exploitative, manipulative, or threatening manner. It may include oral, anal, vaginal, digital, penile or objectile penetration and may involve touching, rubbing, fondling, or exposure to sexual materials. An individual who displays sexual deviance (e.g. object fetishes, excessive masturbation, etc.) would not be included.

PURPOSE:

To provide preventive measures prior to, procedural steps in case of, and appropriate follow-up after sexual assaults.

ACTION:

I. Prevention

Each individual who is scheduled for placement in a DDSN-funded residential setting will be screened by a residential treatment team to determine what, if any, risk they present to others in that residence of sexual aggression or a sexual assault. This screening should include a review of the individual's history of any inappropriate sexual activity. If this screen indicates a risk to others, the team, following a more complete assessment, will develop a treatment plan that will address the risk. This plan should include specific training objectives, a Behavioral Support Plan, counseling/ therapy, assignment of the appropriate accountability level, and/ or environmental adaptations, such as door alarms.

II. Procedures in the Event of a Sexual Assault

When a sexual assault occurs, the Sexual Abuse Protocol (see Attachment I) will be initiated and the following procedures are to be implemented. First, the individuals are to be separated and the perpetrator immediately rendered harmless. Then both victim and perpetrator will be examined by medical staff. The incident is to be reported to the Administrative Officer of the day (A.O.D.) who will notify the Facility Director/Executive Director. Immediate support will be provided to the victim by appropriate members of the treatment team. The medical staff will determine whether or not the victim is to be transported to the Rape Crisis Center. The Facility Director/Executive Director or designee will notify the families of the victim and perpetrator and outside law enforcement as appropriate. A sexual assault is to be reported according to SCDDSN Policy 100-09-PD, Reporting of Critical Incidents.

III. Treating the Victim

Upon completion of the medical examination and referral to the Rape Crisis Center, if appropriate, the victim should receive immediate support from a team member who has positive rapport and be placed on Level I supervision until the support team can meet and develop a treatment plan that is designed to help the victim deal with the emotional trauma stemming from the assault. All team members are to give support to the victim keeping in mind the effects of trauma. Stabilization counseling, psychological counseling, psychiatric intervention, and sex counseling are a few of the treatment choices that may be considered.

IV. Treating the Perpetrator

The perpetrator is to be placed immediately on an interim level of supervision that would eliminate a future occurrence until the treatment team can meet to discuss a treatment plan. The level of supervision will be adjusted in a revised treatment plan requiring the approval of Facility Director/Executive Director. Examples of treatment approaches include sexuality training, referral to sex counselor, use of medication to reduce sexual urges, referral to a more restrictive environment, or criminal prosecution.

V. Follow-up

The safety of all individuals is critical and should be the major focus at each facility. In the event of a sexual assault, the Executive Staff of the facility will review the incident in an effort to determine what changes in the system need to occur to prevent or deter similar occurrences.

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Cross References:

100-09-DD Reporting of Critical Incidents
534-01-DD Reporting Allegations of Abuse
536-01-DD Social-Sexual Development

SEXUAL ABUSE PROTOCOL

Definitions:

These procedures are to be followed when it is suspected that an individual receiving services or staff may have been sexually abused or assaulted.

Guidelines:

1. Staff are to assure the immediate safety and protection of persons involved in an alleged incident of forced sexual activity.
2. Verbal reports of sexual abuse are to be responded to with sensitivity and respect. Staff are to listen to the individual's account of events. Do not "put words in an individual's mouth" by guessing what may have happened or suggesting that an event was a product of force or "rape" if the individual did not use this language. (Professional or administrative staff should assist in assessment of events should there be any question.)
3. When it is suspected that an individual is being sexually abused, the staff discovering the situation should stop the behavior and separate the individuals immediately.
4. The nurse in charge, supervisor, AOD, and facility director/executive director should be notified.
5. The AOD and nurse in charge should preserve all evidence in the immediate environment by making sure that nothing in the area is touched or moved and look for any signs or evidence of intercourse such as: arousal, feces, presence of body fluids. The people allegedly involved in the incident are not to bathe before medical examination and clothing articles are to be kept in their original condition to assist investigative efforts.
6. The program/facility director shall report the incident in accordance with departmental policy and state law.
7. The nursing staff/health care provider shall respond to the report without delay, assess for any evidence of physical injury, and make immediate arrangements for a medical examination. A nurse or staff person familiar with the person should accompany them for the medical examination and remain throughout the examination.
8. The physician will arrange for immediate transfer to the emergency room of one of the local hospitals equipped to do any required tests and counseling. Law enforcement may institute a sexual abuse protocol and refer individual for medical examination.
9. Informed consent should be sought from the individual prior to any medical examination. If the person is unable to give informed consent, then procedures established for obtaining consent in SCDDSN policy should be followed.
10. The staff shall document in writing the behavior, actions taken, observations made of evidence of intercourse, if any, and complete an incident report.
11. The parents/guardians/family representative should be notified of the incident as soon as possible by the facility director/executive director or designee (i.e., family member of both the perpetrator and victim).